

Franklin County Board of Health

Memorial Hall, 280 East Broad Street, Columbus, OH 43215-4562

Health Commissioner

Susan A. Tilgner, MS, RD, LD, RS

EMPLOYMENT APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

SOCIAL SECURITY NO. _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: AREA CODE _____ HOME NUMBER _____

(OPTIONAL) WORK NUMBER _____

MOBILE NUMBER _____

ARE YOU INTERESTED IN:	YES	NO		YES	NO
FULL-TIME PERMANENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>	TEMPORARY WORK?	<input type="checkbox"/>	<input type="checkbox"/>
PART-TIME PERMANENT WORK?	<input type="checkbox"/>	<input type="checkbox"/>	SUMMER WORK?	<input type="checkbox"/>	<input type="checkbox"/>

POSITION DESIRED: _____

HAVE YOU EVER BEEN EMPLOYED BY FRANKLIN COUNTY? YES ___ NO ___ IF YES, PLEASE GIVE DATES OF EMPLOYMENT, POSITION(S) HELD, AND STATE YOUR NAME WHILE EMPLOYED IF DIFFERENT FROM ABOVE: _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE WORK	DEGREE
HIGH SCHOOL	_____		
COLLEGE (UNDERGRADUATE)	_____		
COLLEGE (GRADUATE)	_____		
OTHER	_____		

TRAINING AND OTHER QUALIFICATIONS

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as previously described).

Type of Training _____

Organization _____ Length of Training _____

Subject(s) Covered _____

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies, which have taught you qualifying skills, etc.

EXPERIENCE

In the area below, please list past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment.

Employer's name and address _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending: _____

Duties performed _____

Employer's name and address _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

MISCELLANEOUS

IF HIRED, WILL YOU BE ABLE TO WORK DURING THE NORMAL DAYS AND HOURS REQUIRED OR THE POSITION(S) FOR WHICH YOU ARE APPLYING? YES ___ NO ___ IF NO, EXPLAIN:

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE COUNTY? YES ___ NO ___ IF YES, PLEASE EXPLAIN:

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? YES ___ NO ___

DO YOU UNDERSTAND THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES ___ NO ___

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES ___ NO ___ IF NO, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES ___ NO ___ NOTE: A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN FULLY: _____

REFERENCES

PLEASE LIST THE NAMES AND ADDRESSES OF THREE INDIVIDUALS, OTHER THAN RELATIVES, WHOM WE MAY CONTACT FOR A PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

EMERGENCY INFORMATION

PERSON(S) TO NOTIFY IN AN EMERGENCY:

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

I consent to a release of information by present or former employers, schools, law enforcement agencies, and other individuals and organizations, as Franklin County District Board of Health to lawfully assess my ability to perform the job for which I am applying.

SIGNATURE OF APPLICANT	DATE
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Hiring decisions and all employment decisions are made without regard to race, color, religion, sex, national origin, handicap, age, or ancestry.

EQUAL OPPORTUNITY EMPLOYER